

# MECHANICAL PERMIT APPLICATION

MUNICIPALITY Barrington NUMERICAL CODE: 01 PERMIT NO. \_\_\_\_\_  
APPLICATION DATE \_\_\_\_\_ CENSUS TRACT: \_\_\_\_\_ FEE RECEIVED: \$ \_\_\_\_\_ BY: \_\_\_\_\_

1. STREET LOCATION \_\_\_\_\_ # OF STORIES: \_\_\_\_\_  
2. PLAT/MAP \_\_\_\_\_ 3. LOT \_\_\_\_\_ 4. FILE/PARCEL \_\_\_\_\_ 5. MATERIAL OF STRUCTURE IS \_\_\_\_\_  
6. USE OF STRUCTURE: PREVIOUS \_\_\_\_\_ PROPOSED: \_\_\_\_\_  
7. OWNER \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
8. CONTRACTOR \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
9. ARCH. OR ENG. \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
10. STAMPED PRINTS YES NO 11. ARCH OR ENG. REG # \_\_\_\_\_ 12. CONTRACTOR'S LIC # \_\_\_\_\_ EX DATE: \_\_\_\_\_  
13. RATING OF BOILER OR FURNAC \_\_\_\_\_ Drawings submitted? Yes \_\_\_ No \_\_\_  
14. Check one: \_\_\_ Construct \_\_\_ Install \_\_\_ Replace \_\_\_ Reconstruct 15. Estimated Cost of Labor and Material: \$ \_\_\_\_\_  
16. Floor location of equipment: \_\_\_ Cellar \_\_\_ 1st Flr \_\_\_ 2nd Flr \_\_\_ 3rd Flr Other \_\_\_\_\_  
17. CAPACITY OF STORAGE TANK \_\_\_\_\_ EXISTING \_\_\_\_\_ NEW \_\_\_\_\_  
18. DESCRIPTION OF WORK TO BE PERFORMED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Estimated Cost of Labor and Materials: \$ \_\_\_\_\_

## MUNICIPAL PLUMBING PERMIT FEE:

CE/ADA FEE:	X .001	= \$
<div>1&amp;2 FAMILY DWELLING LIMITED TO CE &amp; ADA FEE OF \$50.00</div>	ESTIMATED COST X .001	= \$
TOTAL PERMIT FEE		= \$

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinance of the State and this jurisdiction.

### TELEPHONE NUMBER

### SIGNATURE OF APPLICANT

Installation for Incinerators w/ or w/o Air Pollution Control, Settling Chambers, Scrubber Afterburner	Boiler Installations 200,000 BTU or more, or for Dwellings of 6 Units or more	
This Application to Install or Renovate the above must also be reviewed by:	This Application to Install or Renovate the above must also be reviewed by:	This Application to Install or Renovate the above must also be reviewed by:
<b>R.I. DEPT. OF HEALTH</b> DIVISION OF AIR POLLUTION CONTROL Davis Street Providence, RI 02903	<b>R.I. DEPT. OF LABOR</b> DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, RI 02907	<b>R.I. DEPT. OF HEALTH</b> DIV OF OCCUPATIONAL SAFETY, ELEVATOR UNIT 220 Elmwood Avenue Providence, RI 02907

DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT

PERMIT GRANTED:

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

MECHANICAL INSPECTOR